

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals ServicePROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF United States of America	COURT CASE NUMBER 18-03580
DEFENDANT JILL N. SCHRECK a/k/a JILL NADINE SCHRECK	TYPE OF PROCESS Handbill

SERVE AT {	NAME OF INDIVIDUAL, COMPANY, CORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN JILL N. SCHRECK a/k/a JILL NADINE SCHRECK
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP code) 215 West Pen Argyl Street Pen Argyl, PA 18072

SEND NOTICE OF SERVICE COPY OF REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
<p>KML Law Group, P.C. 701 Market St. Suite 5000 Philadelphia, PA 19106</p>	Number of parties to be served in this case
	Check for service on U.S.A

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers and Estimated Times Available for Service)

Please post the property by April 22, 2019.

FILED

APR 02 2019

KATE BARKMAN, Clerk
Dep. Clerk

UNITED STATES
DISTRICT OF COLUMBIA
EASTERN DISTRICT OF PENNSYLVANIA
2019 MAR 02
RECEIVED
U.S. MARSHAL

Signature of Attorney other Originator requesting service behalf of	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 215-627-1322	DATE 3/11/19
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>Sign only for USM 285 if more than one USM 285 is submitted</i>	Total Process 1	District of Origin No. D666	District to Serve No. D666	Signature of Authorized USMS Deputy or Clerk <i>Joseph John</i>	Date 3/11/19
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date 03/11/19	Time 3:15 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy <i>USM 04/02/19</i>	

Service Fee	Total Mileage Charged -including endevors) 32.545 - 17.44	Forwarding Fee	Total Charges \$ 18.56	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$ 18.56 - \$0.00
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REMARKS
.58 - 18.56PRINT 5 COPIES: 1. CLERK OF THE COURT
2. USMS RECORD

PRIOR EDITIONS MAY BE USED

3. NOTICE OF SERVICE
4. BILLING STATEMENT* To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal
5. ACKNOWLEDGMENT OF RECEIPT